Ohio Campaign Finance Report 05 APR 21 AM 9: 32

Prescribed by Secretary of State 3/05

					:	178 A A.	g H	COUR	() Y
Full Name of Committee					ħ.	Registrat	ion Num	ber, if PA	QUN 5
Friends For Porter C	ommittee								
Full Name of Candidate									
Jeffrey D Porter									
Street Address				Office Sought				District	
2528 Bloxom St				Frank.Ct	y.Mu	n.Ct.J	udge		
City					St	ate	Zip Code	е	•
Grove City					0	Н	431	23	. =
Type of Report	Pre-Primary	Post-Primary	Pre	-General		Post-Ger	neral		Annual Year
(place X to the left of report	July	August	Sep	tember					Semiannual
type)	Monthly	Monthly	Мо	nthly		Terminat	ion		
Amended Report?	Report Electronically	-			1	M	ì	D	Y
Yes ✓ No	☐ Yes	∠ No	Date of Elect	ion	1	1	0	8	0 5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

i. Amount brought forward from last report	0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 6,945.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 6,945.00
5. Total monetary expenditures (From Form No. 31-B)	\$ 3,711.87
	\$
6. Balance on hand (line 4 minus line 5)	\$ 3,233.13
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 489.05
8. Value of in-kind contributions made (From Form No. 31-J-2)	0.00 \$
9. Outstanding loans owed by committee (From Form No. 31-C)	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	0.00
12. Value of independent expenditures made (From Form No. 31-U)	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$ %

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER				
COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE				
Print Name and Title (Treasurer and Deputy Treas	cus WW surer only)	Signature	pearly	Date
Contribution	Expenditure		Other	Total
pages 14	pages	<u>2</u>	pages 1	pages17_

31-A R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends For Porter Committee Full Name of Contributor		-:		Dogistro	tion Num	ber, if PA	C
Derek Hertl				Registra	MOII NUITI	bei, ii fA	C
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
4607 Wuertz Ct	OST	-					Check
City	Sta		Zip Code	M	D	Y	Amount
Dublin	0	Н	43016	0 3	2 8	0 5	50.00
Full Name of Contributor						ber, if PA	
Rose T Craig							
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
2493 Delowe St	Mak	ke A	Wish Foundation	n			Check
City	Sta	te	Zip Code	М	D	Y	Amount
Grove City	0	Н	43123	0 3	0 3	0 5	100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Total Contributions From Form 31-E							
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
			,		,		
City	Sta	te	Zip Code	M	D	$\begin{bmatrix} Y \\ 2 \end{bmatrix} = \begin{bmatrix} 1 \end{bmatrix}$	Amount
				0 2	111	0 5	2,715.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Total Contributions From Form 31-E	Te 1	/0		<u></u>		_	
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
City	Sta	to.	Zin Codo	М	D	Y	A
City	314	iic .	Zip Code	$\begin{bmatrix} M \\ 0 \end{bmatrix}$ 3			Amount 3,180.00
Full Name of Contributor						ber, if PA	
Total Contributions From Form 31-E				registre	ition i tuiti		
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
	' '	•	Ū				, , ,
City	Sta	te	Zip Code	М	D	Y	Amount
·			•	0 4	0 7	0 5	900.00
Full Name of Contributor	1					ber, if PA	
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
	1						
City	Sta	te	Zip Code	М	D	Y	Amount
							0.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Street Address	Employer	/Occupa	tion/Labor Organization	-			Form (Cash, Check, etc.)
	ļ						
City	Sta	te	Zip Code	М	D	Y	Amount
							0.00
Full Name of Contributor				Registra	ition Num	ber, if PA	С
	1						- (G) (G)
Street Address	Employer	/Occupa	tion/Labor Organization				Form (Cash, Check, etc.)
	 		7: 0 1	1 1/	7	1 0	<u> </u>
City	Sta	te	Zip Code	M	D	Y	Amount 0.00
* Deguised for contributions over \$100 to statewide and general assembly	1 1	70 .	7 4 2 2 16 2 1 1	1	1		0.00

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 6,945.00

Event Date	2-11-05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretary of State 02/01			
Name of Committee in Full				
Friends For Porter Committee				
Full Name of Contributor		Registration Number, if PAC		
Robert McCoy				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
4110 Cypress Ave	Kegler Brown	0 2 1 1 0 5 25.00		
City	State Zip Code	Form(Cash,Check,etc)		
Grove City	O H 43123	Check		
Full Name of Contributor		Registration Number, if PAC		
John Brody				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
65 East State St	Kegler Brown	0 2 1 1 0 5 150.00		
City	State Zip Code	Form(Cash,Check,etc)		
Columbus	O H 43215	Check		
Full Name of Contributor		Registration Number, if PAC		
Paul Daniel Ritter				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
65 East State St	Kegler Brown	0 2 1 1 05 150.00		
City	State Zip Code	Form(Cash,Check,etc)		
Columbus	O H 43215	Check		
Full Name of Contributor		Registration Number, if PAC		
Stephen Barsotti				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
PO Box 06616	Kegler Brown	0 2 1 1 0 5 100.00		
City	State Zip Code	Form(Cash,Check,etc)		
Columbus	O H 43206	Check		
Full Name of Contributor		Registration Number, if PAC		
David Hoeffel				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
1443 Cliff Court Apt C	Kegler Brown	0 2 1 1 0 5 150.00		
City	State Zip Code	Form(Cash,Check,etc)		
Columbus	O H 43204	Check		
Full Name of Contributor		Registration Number, if PAC		
Roger Sugarman				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
6025 Cranberry Court	Kegler Brown	0 2 1 1 0 5 150.00		
City	State Zip Code	Form(Cash,Check,etc)		
Columbus	O H 43213	Check		
Full Name of Contributor	·	Registration Number, if PAC		
Dan Hilson				
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount		
4266 Vaux Link	Attorney	0 2 1 1 0 5 200.00		
City	State Zip Code	Form(Cash,Check,etc)		
New Albany	O H 43054	Check		
Tiew Induity	1011			

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 925.00
2.715.00	30.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	2/11/05
Page	4

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

	Prescribed by Secreta	ary of State 02/01			
Name of Committee in Full					
Friends For Porter Committee					
Full Name of Contributor			Registration Number, if PAC		
Malinda Susalla			· - - - - - - - -		
Street Address	1	on/Labor Organization*	M D Y Amount	4=0.00	
1 Miranova Place	Kegler Bro		0 2 1 1 0 5	150.00	
City		ip Code	Form(Cash,Check,etc)		
Columbus	OH	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Diane Lazor					
Street Address		on/Labor Organization*	M D Y Amount		
2396 Lyncross St	Kegler Bro	own	0 2 1 1 0 5	100.00	
City	State Z	ip Code	Form(Cash,Check,etc)		
Grove City	O H	43123	Check		
Full Name of Contributor		•	Registration Number, if PAC		
Kelly O'Reilly Anzelmo					
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount		
446 Havland Dr	Attorney		0 2 1 1 0 5	200.00	
City	l l	ip Code	Form(Cash,Check,etc)		
Gahanna	$O \mid H \mid$	43230	check		
Full Name of Contributor	***		Registration Number, if PAC		
R. Keith Kerns				-	
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
1153 Wyandotte Rd	Kegler Bro	own	0 2 1 1 0 5	350.00	
City	1	ip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H \mid$	43212	Check		
Full Name of Contributor			Registration Number, if PAC		
Stephanie Union					
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount		
549 Poe Ave	Kegler Bro	own	0 2 1 6 0 5	100.00	
City	State Z	ip Code	Form(Cash,Check,etc)		
Worthington	O H	43085	Check		
Full Name of Contributor			Registration Number, if PAC		
Mark Reitz					
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount		
546 Fallis Rd	Kegler Bro	own	0 2 1 1 0 5	100.00	
City		ip Code	Form(Cash,Check,etc)		
Columbus	O H	43214	Check		
Full Name of Contributor			Registration Number, if PAC		
Allen Handlan					
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount		
65 E. State St	Kegler Brown		0 2 1 4 0 5	100.00	
City		ip Code	Form(Cash,Check,etc)		
Columbus	OH	43215	Check		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	1
		Page Total \$ 1.100.00
2.715.00	30.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	2/11/05
Page	5

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretary	of State 02/01			
Name of Committee in Full			_		
Friends For Porter Committee			In the Control of the	D.4.C	
Full Name of Contributor			Registration Number, if	PAC	
Betty J Brett Street Address	Employer/Occupation/l	Labor Organization*	M D Y	Amount	
2161 Jeffrey Dr	Kegler Brov	•	$\begin{bmatrix} 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 $		10.00
City		Code	Form(Cash,Check,etc)	<i>J</i>	10.00
Hilliard	OH	43026	Check		
Full Name of Contributor		10020	Registration Number, if	PAC	
John A. Diloretto					
Street Address	Employer/Occupation/I	Labor Organization*	M D Y	Amount	
1698 Northwest Blvd	Kegler Brov	vn	0 2 1 1 0	5	10.00
City	State Zip	Code	Form(Cash,Check,etc)		
Columbus	O H	43212	Check		
Full Name of Contributor			Registration Number, if	PAC	-
Christopher L Christman					
Street Address	Employer/Occupation/I		M D Y	Amount	20.00
7682 Deer Creek Rd	Kegler Brov		0 2 1 1 0	5	20.00
City VATouthin atom	1 1 -	Code	Form(Cash,Check,etc) Check		
Worthington Full Name of Contributor	O H	43085		D. C.	
Loretta Massey			Registration Number, if	PAC	
Street Address	Employer/Occupation/	Shor Organization*	M D Y	Amount	
1264 Olde Henderson Square	Employer/Occupation/Labor Organization* Kegler Brown		$\begin{bmatrix} 1 & 1 & 1 & 1 \\ 0 & 2 & 1 & 1 & 0 \end{bmatrix}$		20.00
City		Code	Form(Cash,Check,etc)	<u> </u>	20.00
Columbus	\cap H	43220	Check		
Full Name of Contributor		10110	Registration Number, if	PAC	
Barbara L Herr					
Street Address	Employer/Occupation/I	Labor Organization*	M D Y	Amount	
3463 Lacoste Lane	Kegler Brov	vn	0 2 1 1 0	5	25.00
City	1 1 -	Code	Form(Cash,Check,etc)		
Columbus	O H	43228	Check		
Full Name of Contributor			Registration Number, if	PAC	
Susan K Hess					
Street Address	Employer/Occupation/I	-	M D Y	Amount	05 00
387 Colony Park Dr	Kegler Brov		0 2 1 1 0	5	25.00
Pickerington	State Zip o	Code 43147	Form(Cash,Check,etc) Check		
Full Name of Contributor	() 11	43147	Registration Number, if	PAC	
James L Fox			registration (various, it	ine	
Street Address	Employer/Occupation/I	Labor Organization*	M D Y	Amount	
623 Sanbridge Circle W	Kegler Brov	-	1 1 1	5	25.00
City		Code	Form(Cash,Check,etc)		
	$ \cap H $	43085	Check		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$135.00
2.715.00	30.00	

Event Date	2/11/05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01 Name of Committee in Full Friends For Porter Committee Full Name of Contributor Registration Number, if PAC Sue Hazelton Employer/Occupation/Labor Organization* 446 Brodhaven Place 0 2 1 1 1 5.00 Zip Code Form(Cash,Check,etc) Circleville 43113 Cash Η Full Name of Contributor Registration Number, if PAC Terri Barnett Street Address Employer/Occupation/Labor Organization* Amount 4296 Oakwind Dr 5.00 City Zip Code Form(Cash,Check,etc) Columbus 43207 Η Cash Full Name of Contributor Registration Number, if PAC Brandi Hagy Street Address Employer/Occupation/Labor Organization* Y Amount 9196 Columbia Rd Kegler Brown 0 2 1 1 0 5 20.00 City Form(Cash,Check,etc) 43062 Pataskala Cash Full Name of Contributor Registration Number, if PAC Laurel Beatty Street Address Employer/Occupation/Labor Organization* 268 E Gates Otto Beatty Ir & Associates 0 3 0 8 0 5 250.00 City Form(Cash,Check,etc) Zip Code Columbus 43206 Check Full Name of Contributor Registration Number, if PAC Angela Parsons Street Address Employer/Occupation/Labor Organization* 150.00 7672 Kinneytuck Ct Kegler Brown 0 2 2 6 0 5 Zip Code Form(Cash,Check,etc) Lewis Center 43035 Check Full Name of Contributor Registration Number, if PAC Jennifer Mackanos Street Address Employer/Occupation/Labor Organization* D Amount 5936 Clipper Landing Dr Kegler Brown 0 3 1 6 0 5 100.00 City Zip Code Form(Cash,Check,etc) Columbus 43228 Check Full Name of Contributor Registration Number, if PAC Allison Witt Street Address Employer/Occupation/Labor Organization* Amount 1015 Parkway Dr 25.00 Kegler Brown 0 3 1 6 0 5 Zip Code Form(Cash,Check,etc) 43212 Columbus Check

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
2.715.00	30.00	Page Total \$555.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	3/24/05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 02/01		
Name of Committee in Full				•
Friends For Porter Committee				
Full Name of Contributor			Registration Number, if PAC	-
Eve Melinda Ellinger				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y A	mount
4945 Albany MDW	Kegler I	Brown	0 3 2 4 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43081	Check	
Full Name of Contributor			Registration Number, if PAC	
Marcia Roeder				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y A	mount
2384 Bloxom St	Youth &	Family Services	0 3 2 4 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Grove City	O H	43123	Check	
Full Name of Contributor			Registration Number, if PAC	
Susan Ashbrook				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y A	mount
2994 Crescent Dr	City of C	Columbus	0 3 2 4 0 5	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43204	Check	
Full Name of Contributor			Registration Number, if PAC	
Becky A Westerfelt				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y A	mount
161 S. Brinker Ave	Huckleberry House		0 3 2 4 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43204	Check	
Full Name of Contributor			Registration Number, if PAC	
Eileen Paley				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y A	mount
668 Bellamy Pl	Attorne	v	0 3 2 4 0 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43213	Check	
Full Name of Contributor			Registration Number, if PAC	
Jeffrey Weber				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y A	mount
110 N Third St 402	Bricker	& Eckler	0 3 2 4 0 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·
Jerry L. Johnson				
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Ai	mount
3048 Crescent Dr	City Cer		0 3 2 4 0 5	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43204	Check	
			-	

Fill in the boxes below only on the last page for this event.

otal contributions this event Total expenditures this event		
		Page Total \$575.00_
3.180.00	30.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	3/24/05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 02/01				
Name of Committee in Full						
Friends For Porter						
Full Name of Contributor			Registration N	umber, if PA	С	
Natalie C. Trishman						
Street Address	1 ' '	Employer/Occupation/Labor Organization*			Amount	
110 N Third St Unit 204	Bricker	& Eckler	0 3 2	4 0 5		35.00
City	State	Zip Code	Form(Cash,Cl			
Columbus	ОН	43215		eck		
Full Name of Contributor			Registration N	lumber, if PA	C	
Simone Morgen						
Street Address	Employer/Occup	pation/Labor Organization*	M D	Y	Amount	
38 W Tulane Rd	State of	Ohio	0 3 2	4 0 5		10.00
City	State	Zip Code	Form(Cash,Cl			
Columbus	$O \mid H$	43202	Che	eck		
Full Name of Contributor		-	Registration N		С	
Tiffany C Miller						
Street Address	Employer/Occup	oation/Labor Organization*	M D	Y	Amount	
5296 Timberline Rd	Attorne	-		4 0 5		25.00
City	State	Zip Code	Form(Cash,Cl			20,00
Columbus	l o l H	43220	Che	-ck		
Full Name of Contributor	1 () 12	10220	Registration N		C	
Rosemary T Craig			1	,		
Street Address	Employer/Occur	pation/Labor Organization*	M D	Y	Amount	
2493 Delowe St		Wish Foundation	1 1	4 0 5		50.00
City	State	Zip Code	Form(Cash,Cl			50.00
Grove City	l o H	43123	Che			
Full Name of Contributor	1 () 11	40120	Registration N		C C	
Ned S Marburger			registration	umoci, ii i A	C	
Street Address	Employer/Occus	pation/Labor Organization*	M D	ΤΥ	Amount	
407 Whittier St	Instruct		$\begin{bmatrix} 0 \\ 0 \end{bmatrix} 3 \begin{bmatrix} 2 \\ 2 \end{bmatrix}$	4 0 5	ranount	200.00
City	State	Zip Code	Form(Cash,Cl			200.00
Columbus	O H	1 ·	Che	. ,		
Full Name of Contributor	() 11	43200	Registration N	-	C	
			Registration	tuilibei, ii FA	C	
Otto Beatty III	F1/0	ti/T ah an On-animatian#	 	Y	A	
Street Address	1 : '	pation/Labor Organization*	M D	1 1	Amount	200.00
600 South Grant Ave	Attorne			4 0 5		200.00
City	State	Zip Code	Form(Cash,Cl			
Columbus	O H	43206	Che			
Full Name of Contributor			Registration N	lumber, if PA	C	
Christie Angel	T=		1			
Street Address	1	pation/Labor Organization*	M D	1	Amount	F0.00
600 S. Grant Ave	SBC	T-:		4 0 5		50.00
City	State	Zip Code	Form(Cash,Cl			
Columbus	<u> </u>	43206	Che	eck		
* Required for contributions from individuals over \$100 to s	tatewide and general assembly	candidates. If contributor is self-e	employed, occur	ation rather t	han emplover	

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$570.00
3.180.00	411.94	

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Statement of Contributions Received at a Social or Fundraising Event

		Registra	tion Num	ber, if PA	vC.	
				,		
1						
						50.00
	•	,		. ,		
O H	43224					
		Registra	tion Nun	ber, if PA	VC.	
1 1 1 1	tion/Labor Organization*					
						50.00
		,				
OH	43204					
		Registra	tion Nun	ber, if PA	AC .	
1	_				1	
						50.00
		,	,			
OH	43224					
		Registra	tion Nun	ber, if P	AC .	
Employer/Occupation/Labor Organization*		M	D	1	Amount	
State of Ohio		0 3	2 4	0 5		100.00
	•					
O H	43206					
		Registra	tion Nun	ber, if PA	AC	
1	tion/Labor Organization*	1				
						100.00
		,	•			
OH	43230		Chec.	k		
		Registra	tion Nun	ber, if PA	VC.	
Employer/Occupat	tion/Labor Organization*	М	D	Y	Amount	
ADT						50.00
	Zip Code	,				
OH	43224					
		Registra	tion Nun	ber, if PA	AC	
		M	D	Y	Amount	
Kegler B	rown				<u> </u>	50.00
		,				
OH	43065		<u>Chec</u>	k		
	Employer/Occupa State O H Employer/Occupa Banc One State O H Employer/Occupa State of O State O H Employer/Occupa Realtor State O H Employer/Occupa Realtor State O H Employer/Occupa Realtor State O H	Employer/Occupation/Labor Organization* self State Zip Code O H 43204 Employer/Occupation/Labor Organization* Banc One State Zip Code O H 43224 Employer/Occupation/Labor Organization* State of Ohio State Zip Code O H 43206 Employer/Occupation/Labor Organization* Realtor State Zip Code O H 43230 Employer/Occupation/Labor Organization* Realtor State Zip Code O H 43230 Employer/Occupation/Labor Organization* ADT State Zip Code O H 43224 Employer/Occupation/Labor Organization* ADT State Zip Code O H 43224	Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization*	Construction

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$450.00_
3.180.00	411.94	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

2/24/05				
3/24/05				
10				

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

	Prescribed by Sec	retary of State 02/01					
Name of Committee in Full							
Friends For Porter Committee							
Full Name of Contributor			Registra	ion Num	er, if PA	С	
Chad R Williams							
Street Address	1 2.2	ation/Labor Organization*	M	D	Y	Amount	
2920 Bryden Rd	Westin			2 4			50.00
City	State	Zip Code		sh,Check			
Columbus	$O \mid H$	43209	Check				
Full Name of Contributor			Registra	ion Num	ber, if PA	С	
Kenneth A Jenkins							
Street Address	Employer/Occupa	ation/Labor Organization*	M	D	Y	Amount	
2920 Bryden Rd	Chiropra	actor	0 3	2 4	0 5		50.00
City	State	Zip Code		sh,Check			
Columbus	ОГН	43209	1 (Checl	ς .		
Full Name of Contributor					ber, if PA	С	
Aundrea Cordle					•		
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount	
802 King St	Fairfield	=		2 4			100.00
City	State	Zip Code		sh,Check			100.00
Lancaster	l o ∐ H	43130		Checl			
Full Name of Contributor		10100			ber, if PA	C	
Marilyn T Brown			, regiona		JO1, 11 1 1 1	Č	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
78 W Hubbard Ave	1	io Regional Planni	1	2 4		Allount	50.00
City	State	Zip Code		sh,Check			30.00
•	o H	43245		sii, Crieck Checl			
Columbus	ТОТ	43243					
Full Name of Contributor			Registra	ion Num	ber, if PA	C	
Jeptha Paul			<u> </u>				
Street Address		ation/Labor Organization*	M	D	Y	Amount	27 00
999 Thetford Ct		Planning	03	2 4	0 5		25.00
City	State	Zip Code		sh,Check			
Westerville	O H	43081		Checl			
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Ted Barrows							
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
4834 Sarasota Dr	Judge		0 3	2 4	0 5		350.00
City	State	Zip Code	Form(Ca	sh,Check	,etc)		
Hilliard	$O \mid H$	43206	(Checl	ς.		
Full Name of Contributor			Registra	ion Num	ber, if PA	Ċ	
Melissa Daley							
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount	
6580 St Mary's Rd	self	-	013	2 4	0 5		200.00
City	State	Zip Code		sh,Check			
Nashport	ОН	43830	,	Checl			
1 monport	1 ()	1 20000			-		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 825.00
3.180.00	411.94	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	3/24/05
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Statement of Contributions Received at a Social or Fundraising Event

Name of Contributes in Full Friends For Porter Committee		Prescribed by Sec	retary of State 02/01					
Fall Name of Contributer State Zip Code Columbus Columbus Contributer Columbus Colu								
Street Address								
State Address Employer/Occupation/Labor Organization*					tion Num	ber, if PA	.C	
Columbus						,		
State			_		1		Amount	
Columbus		Law Firi						100.00
Full Name of Contributor			1 -	`				
Rosalyn Stith Street Address		$O \mid H$	43215					
Street Address				Registra	tion Num	ber, if PA	.C	
A7 N Miami Ave Apt A							<u> </u>	
State Zip Code Check C			ation/Labor Organization*				Amount	
Columbus		Retired						50.00
Registration Number, if PAC		l l			-			
Lori M Tyack	Columbus	<u> </u>	43203		Chec!	Κ		
Street Address 947 Clubview Blvd North $Tyack \& Pausch 0 3 2 4 0 5 50.00$ Tyack & Pausch 0 3 2 4 0 5 50.00 State Columbus Form(Cash, Check, etc) Check Full Name of Contributor State Carol A Wright State Carol A State C	Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
1	Lori M Tyack							
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	
Columbus O H 43235 Check Full Name of Contributor Registration Number, if PAC A Taste of Ohio, LLC Street Address Employer/Occupation/Labor Organization* M D Y Amount 738 Wheeling Ave Sales 0 3 2 4 0 5 40.00 City State Zip Code Form(Cash, Check, etc) Check Full Name of Contributor Registration Number, if PAC Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 50.00 City State Zip Code Form(Cash, Check, etc) Check Form(Cash, Check, etc) 50.00 State Zip Code Form(Cash, Check, etc) Check Form(Cash, Check, etc) Check Check State Size Dode Check <	947 Clubview Blvd North	Tyack &	Pausch	0 3	2 4	0 5		50.00
Full Name of Contributor	City	State	Zip Code	Form(C	ash,Checl	c,etc)		
A Taste of Ohio, LLC Street Address 738 Wheeling Ave Sales Sa	Columbus	$O \mid H$	43235		Chec1	k		
Street Address	Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Street Address	A Taste of Ohio, LLC							
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occup	ation/Labor Organization*	М	D	Y	Amount	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	738 Wheeling Ave	Sales		0 3	2 4	0 5		40.00
Full Name of Contributor M Elizabeth Gill		State	Zip Code					
Full Name of Contributor	Cambridge	\cap	43725	Check				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$.	Registra	tion Num	ber, if PA	C	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	M Elizabeth Gill							
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occup	ation/Labor Organization*	М	D	Y	Amount	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	90 E Mithoff	Baker &	Hostetler	0/3	214	015		50.00
Columbus O H 43206 Check Full Name of Contributor Carol A Wright Street Address Employer/Occupation/Labor Organization* M D Y Amount 318 Berger Alley Attorney 0 3 2 4 0 5 50.00 City State Zip Code Form(Cash, Check, etc) Columbus Check Check Full Name of Contributor Registration Number, if PAC Susan E Brown Street Address Employer/Occupation/Labor Organization* M D Y Amount 2377 Bloxom St National City Bank 0 3 2 4 0 5 50.00 City State Zip Code Form(Cash, Check, etc)								
Registration Number, if PAC	1 ·	I O I H						
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		1.0					.C	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Carol A Wright							
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Employer/Occup	ation/Labor Organization*	М	D	Y	Amount	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	318 Berger Alley	1	•	0/3	2 4	015		50.00
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								00.00
Full Name of Contributor Susan E Brown Street Address Employer/Occupation/Labor Organization* M D Y Amount 2377 Bloxom St National City Bank 0 3 2 4 0 5 50.00 City State Zip Code Form(Cash, Check, etc)		I O I H						
Susan E Brown Street Address Employer/Occupation/Labor Organization* M D Y Amount 2377 Bloxom St National City Bank 0 3 2 4 0 5 50.00 City State Zip Code Form(Cash, Check, etc)	TO CONTROL OF THE PARTY OF THE	1 () 11	10200				C	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								
2377 Bloxom St National City Bank 0 3 2 4 0 5 50.00 City State Zip Code Form(Cash, Check, etc)		Employer/Occup	ation/Labor Organization*	М	П	Ιv	Amount	
City State Zip Code Form(Cash,Check,etc)		1					1 Milouit	50.00
								30.00
Glove City () 11 40120 Check	.		1 '	1 '	•			
	Glove City		1 70140		CHEC.	IN.		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$390.00_
3.180.00	411.94	44,444

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	3/24/05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 02/01					
Name of Committee in Full							
Friends For Porter Committee							
Full Name of Contributor			Registra	tion Nun	nber, if P	AC	
Scott J Varner					T		
Street Address		pation/Labor Organization*	M	D	Y	Amount	100.00
1002 Hunter Ave		Columbus	0 3				100.00
^{City} Columbus	State H	Zip Code 43201	Form(Cash,Check,etc) Check				
Full Name of Contributor	1 () 11	43201		tion Nun		AC	
Jayme Patricia Moore			Registra	uion ivui	noci, n i	AC	
Street Address	Employer/Occi	pation/Labor Organization*	М -	D	Y	Amount	
1632 Bryden Rd	Kegler		1 .	2 4	1 .		150.00
City	State	Zip Code		ash,Chec		<u></u>	100.00
Columbus	$ \cap H$	43205		Chec	k		
Full Name of Contributor			Registra	tion Nun	nber, if P	AC	
Lorraine Siegworth							
Street Address	1 ' '	pation/Labor Organization*	М	D	Y	Amount	
2117 Wesleyan Dr	Nation		0 3	2 4	0 5		50.00
City	State	Zip Code	Form(C	ash,Chec			
Columbus	O H	43221		Casl			
Full Name of Contributor			Registra	ition Nun	nber, if P	AC	
David Hodge	Ir1(0		- , -	L	Ιν	TA	
Street Address	l .	pation/Labor Organization*	M	D 2 4	$\begin{vmatrix} \mathbf{Y} \\ 0 \end{vmatrix} 5$	Amount	50.00
253 Kossuth St City	Attorney State Zip Code			ash,Chec)	30.00
Columbus	1 H 43206		Check				
Full Name of Contributor				tion Nun		AC	
Molly Miller							
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
653 Farrington	AEP		0 3	2 4	0 5	5	20.00
City	State	Zip Code	Form(C	ash,Chec			
Worthington	OH	43085		Casl			
Full Name of Contributor			Registra	ition Nun	nber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
C:	State	7:- C-1-	Fa(C	L Char	1+->	_	
City	State	Zip Code	rorm(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	tion Nun	nher if P	AC	
Tun Name of Contributor			Registre	tion run	iloci, ii i	ne .	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
* Required for contributions from individuals over \$100 to statew	ride and general assembly	candidates. If contributor is sel	f-employed,	occupati	on rather	than employer	
should be listed. If two or more employees contribute via payroll	deduction and exceed the	e aggregate of \$100, the labor of	rganization o	of which	the empl	oyees are	
members, if any, must appear. [R.C. 3517.10(B)(4)]							

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
3 180 00	411 94	Page Total \$370.00_
5.100.00	411.74	

Event Date	4/7/05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secreta	ary of State 02/01				
Name of Committee in Full						
Friends For Porter Committee						
Full Name of Contributor			Registrat	ion Number, if PAC	C	
Thomas Grote			М			_
Street Address	Employer/Occupation/Labor Organization*				Amount	
1 Miranova Place	Donatos			0 7 0 5		500.00
City	1 1	ip Code	Form(Cash,Check,etc)			
Columbus	OH	43215	Check			
Full Name of Contributor			Registrati	ion Number, if PAC		
Sherrie Passmore	<u> </u>					
Street Address		on/Labor Organization*	M		Amount	400.00
431 Whitley Dr	City of Co			0 7 0 5		100.00
City	1	ip Code	,	sh,Check,etc)		
Gahanna	OH	43230		Check		
Full Name of Contributor			Registrati	ion Number, if PAC	2	
Sherrie Passmore						
Street Address		on/Labor Organization*	M		Amount	E0.00
431 Whitley Dr	City of Co			0 7 0 5		50.00
City	I	ip Code		sh,Check,etc)		
Gahanna Full Name of Contributor	OH	43230		Check ion Number, if PAG	2	
			Registrati	ion Number, ii PAC	U	
Steven Shellabarger Street Address	Tr. 1/0	// -l O	 	D Y	A -	
	1	on/Labor Organization*	M	- 1 - 1	Amount	E0.00
948 Neil Ave	self	:- C-1-		0 7 0 5		50.00
Columbus		ip Code 43201	Form(Cash, C y Ave			
Columbus Full Name of Contributor	OH	43201	Check Registration Number, if PAC		2	-
			Registrati	ion Number, ii PAC		
Anthony Mariani	In 1 10 11	# 1 · O · · · · · ·	1,7	5 I v I		-
Street Address		on/Labor Organization*	M	1	Amount	E0.00
5315 Berrywood Dr	Nordstron		0 4	0 7 0 5 sh,Check,etc)		50.00
Coloredore	State Z	ip Code 43220	,	sh,Check,etc) Check		
Columbus Full Name of Contributor	$0 \mid \Pi \mid$	43220		ion Number, if PAC		
			Registrati	ion Number, ii PAC	L	
John Sowers Street Address	Elover/Occupation	on/Labor Organization*	м	D Y	Amount	
			1 1	- 1 - 1	Amount	50.00
446 Stanley Ave		International		0 7 0 5 sh,Check,etc)		50.00
City	State Z	ip Code 43206	,	Sh,Check,etc)		
Columbus Full Name of Contributor	() [43200		ion Number, if PAC		
			Registrati	ion Number, ii PAC	L	
Donald Greiner Street Address	F1010101010	// -h Oiti*	М	D Y	Amount	
		on/Labor Organization*			MINORIL	50.00
4025 Angola Rd	Safe Auto			0 7 0 5 sh,Check,etc)		30.00
City Toledo	State H	ip Code 43615	,	sh,Check,etc) Check		
Toledo		43013		LIECK		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$850.00
900.00	0.00	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	4/7/05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		cicialy of State 02/01					
Friends For Porter Committe	<u>e</u>						
Full Name of Contributor Russell Goodwin			Registrat	tion Num	ber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
103 E. First Ave	4	tler Company	0 4	0 7	0 5	<u> </u>	50.00
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)		
Columbus	ОН	43201		Chec.		1.6	
Full Name of Contributor			Registrat	non Num	ber, ii P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)		
Full Name of Contributor			Registrat	tion Num	ber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)		
Full Name of Contributor	1		Registrat	tion Num	ber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	,
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)		
Full Name of Contributor	1		Registrat	tion Num	ber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)		
Full Name of Contributor			Registra	tion Num	ber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)		
Full Name of Contributor			Registra	tion Nun	ber, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount	
City	State	Zip Code	Form(Ca	sh,Chec	k,etc)		
* Required for contributions from individuals over \$100 should be listed. If two or more employees contribute vi members, if any, must appear. [R.C. 3517.10(B)(4)] Fill in the boxes below only on the last page for this ever Transfer the Total contributions for this event to form N in the date column.	a payroll deduction and exceed the	aggregate of \$100, the labor of	rganization o	f which t	he empl	oyees are	
Total contributions this event	Total expenditures t	his event			Pa	nge Total \$	50.00
900.00	İ	0.00					

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1 age	

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends For Porter Committee						
Full Name of Contributor	Employer Occur	oation, Labor Organization *	Registration Number, if PAC			
Tim Woodard		Wish Foundation	Acquisition (Mariot), in 1710			
Street Address	Description of Ite		M D Y Fair Market Value			
2528 Bloxom St	Postcards, Labels, Stamps 0		0 3 2 2 0 5 84.9			
City	State	Zip Code	Received at Fundraising Event?			
Grove City	$O \mid H$	43123	UYES ✓NO			
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC			
Diane Lazor		egler Brown	M D V F. M. L. Value			
Street Address 2396 Lyncross St	Description of Ite	postcards	M D Y Fair Market Value 22.00			
City	State	Zip Code	Received at Fundraising Event?			
Grove City	O I H	43123	YES NO			
Full Name of Contributor		oation, Labor Organization *	Registration Number, if PAC			
Diane Lazor		egler Brown				
Street Address	Description of Ite		M D Y Fair Market Value			
2396 Lyncross St	Toner Ca	rtridge, envelopes	0 3 2 2 0 5 76.4			
City	State	Zip Code	Received at Fundraising Event?			
Grove City	O H	43123	YES NO			
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC			
Greg Sours		Sales				
Street Address	Description of Ite		M D Y Fair Market Value 111.00			
2396 Lyncross St City	Stamps State Zip Code		Received at Fundraising Event?			
Grove City	O H	43123	YES VO			
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC			
Jayme Moore	Kegler Brown		_			
Street Address	Description of Ite		M D Y Fair Market Value			
1632 Bryden Rd		Food	0 2 1 1 0 5 45.2			
City	State	Zip Code	Received at Fundraising Event?			
Columbus	OH	43205	✓ YES NO			
Full Name of Contributor		oation, Labor Organization *	Registration Number, if PAC			
Scott J. Varner	City	of Columbus				
Street Address	Description of Ite		M D Y Fair Market Value 149.3			
1002 Hunter Ave.	State	Food Zip Code	0 4 0 7 0 5 149.34 Received at Fundraising Event?			
City Columbus	O H	43201	YES NO			
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of Ite	em or Service	M D Y Fair Market Value			
City	State	Zip Code	Received at Fundraising Event? YES NO			
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration Number, if PAC			
Street Address	Description of Ite	em or Service	M D Y Fair Market Value			
City	State	Zip Code	Received at Fundraising Event?			
			YES NO			

Page Total \$	489.05
_	

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Friends For Porter Committee			***************************************						
To Whom Paid				M	D	Ţ	Y	Amount	40.0
Fifth Third				10 3	3 0	1	0 5	<u>L</u>	19.95
Address Ch	Purpose	م داد،	uda						
21 E State St	_	ck O		Ct. ·	N1				
Columbus	Sta	ate H	Zip Code 43215	Cneck	Number Deb				
Columbus To Whom Paid		1.1	43213	M	Der I D	πį	Y	Amount	
Diane Lazor				$\begin{bmatrix} \mathbf{M} \\ \mathbf{O} \end{bmatrix}$ 3		8	$0^{1}5^{1}$		474.38
Address	Purpose			U	<u>, </u>	ΩL	<u>0 0</u>	<u> </u>	7/7.00
2396 Lyncross St		mhur	sement for buttons a	nd la	hele.	Orc	der		
City	Sta		Zip Code		Number		<u> </u>		
Grove City		Н	43123	1	000				
To Whom Paid				M	D	Ť	Y	Amount	
The Watts Group, LLC				0 3	1	1	0 5		1,250.00
Address	Purpose								
950 Carroll Eastern Rd	Can		gn Management						
City		ate	Zip Code	Check	Number				
Baltimore	لمل	H	43105		000	04			
To Whom Paid				M	D	Ţ	Y	Amount	200
Dan Hilson				0 3	3 0	1	0 5	<u> </u>	200.00
Address	Purpose		D. (* D. (*						
4266 Vaux Link			n Donation Refund	Ic:	 -				
City	Sta		Zip Code	Check	Number				
New Albany		Н	43054	1	0000	ΛŤ	V	Δ :::	
To Whom Paid The Watts Group, LLC M D Y Amount 0 4 0 8 0 5 1,250.00									
The Watts Group, LLC	Purpose			0 4	ŧĮU	ा	<u>∪</u>	1	1,250.00
950 Carroll Eastern Rd		nnaic	gn Management						
Oity Carroll Eastern Ru	Sta		Zin Management	Check	Number				
Baltimore		H	43105		103				
To Whom Paid			20.200	М	D	Ť	Y	Amount	
Diane Lazor				0 4		8	0 5		105.60
Address	Purpose			*				-	
2396 Lyncross St	1 -	npaie	gn T-Shirt Reimburse:	ment	<u>t_</u>	_	_		
City		ate	Zip Code		Number				
Grove City	امل	Н	43123	L	10:	2			
To Whom Paid				М	D	T	Y	Amount	
Expenditures from Form 31-F				0 3	3 2	4	0 5		411.94
Address	Purpose		· — —			_			
			<u></u>	T					
City	Sta	ate	Zip Code	Check	Number	ī			
			<u></u>	 			- ;;	A	
To Whom Paid M D Y Amount					0.00				
Addragg	Purpose								0.00
Address	rurpose								
City	- C+-	ate	Zip Code	Check	Number	.—			
,	36	!							
								كسحر	

Page Total \$ 3.711.87

31-F R.C. 3517.10

Event Date	3.24.05
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Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

N. CG. IV. I P.II							
Name of Committee in Full							
Friends For Porter Committee			1 37		T 17	Tr	
To Whom Paid			M	D	Y	Amount	400.00
Barcelona			[0]3	0 1	0 5		100.00
Address	Purpose	_					
263 Whittier St	Event De						
City	State	Zip Code	Check N				
Columbus	ОН	43206		0002			
To Whom Paid			M	D	Y	Amount	
Barcelona			0 3	2 4	0 5		311.94
Address	Purpose			-			·
263 Whittier St	Food						
City	State	Zip Code	Check N	Number			
Columbus	O H	43206		101			
To Whom Paid			M	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check N	Vumber			
To Whom Paid	1-		M	D	Y	Amount	
				1	H	1	
Address	Purpose				L		
	1						
City	State	Zip Code	Check N	Number			
To Whom Paid			M	D	Y	Amount	
Address	Purpose		1		L		
	, and						
City	State	Zip Code	Check ?	Jumber			
City		Dip code		14111001			
To Whom Paid		<u> </u>	M	D	Y	Amount	
10 WROM Faid			, M		'.	Allount	
Address	Dumass						
Address	Purpose						
C:t-	Charle	7in Code	Check 1	Jumban			
City	State	Zip Code	Check I	varrioer			
T- XII D'I			14	T 10	T 17	Amount	
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check 1	Number			
		1					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	411.94
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